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CONFIRMATION NO. 8765

<b>SERIAL NUMBER</b> 10/656,953	<b>FILING OR 371(c) DATE</b> 09/08/2003 <b>RULE</b>	<b>CLASS</b> 134	<b>GROUP ART UNIT</b> 1746	<b>ATTORNEY DOCKET NO.</b> CETR200
<b>APPLICANTS</b> Regina A. Cetrangelo, Centereach, NY;				
<b>** CONTINUING DATA *****</b> This application is a CIP of 10/043,331 01/14/2002 ABN which claims benefit of 60/330,402 10/18/2001 <i>ZE</i>				
<b>** FOREIGN APPLICATIONS *****</b> <i>None ZE</i>				
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 12/01/2003</b>				
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met <i>ZE</i> Allowance Verified and Acknowledged <i>ZE</i> Examiner's Signature _____ Initials _____		<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWING</b> 3	<b>TOTAL CLAIMS</b> 10
<b>INDEPENDENT CLAIMS</b> 3				
<b>ADDRESS</b> 23590				
<b>TITLE</b> Device for cleaning dental instruments				
<b>FILING FEE RECEIVED</b> 375	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit	